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United States Patent and Trademark Office

DEWIPAT File No. 30.034.10.US

Form PTO/SB/122  
(Modified)

# **Change of Correspondence Address Application**

**2004**

Application No.	09/735,989	Attorney Docket	ARC2940R1
Filing Date	2000-12-13	Customer No.	
Applicant	Johan H. Geerke	Confirmation No.	5705
Examiner	James M. Spear	Art Unit	1615
Title	Dosage Forms Having a Barrier Layer to Laser Ablation		

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number:

OR

<input type="checkbox"/> Firm/Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor  
☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ Attorney or Agent of record. Registration Number **42,254**.  
☐ Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_.

## **SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Printed Name	Adenike A. Adewuya		
Signature	<i>Adenike Adewuya</i>		
Date	<input type="text" value="8/4/2004"/>	Telephone	281-477-3450

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_ forms are submitted.